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THE ANNUAL ADDRESS*

By ROLAND HAMMOND, M.D.

*President of the Rhode Island Medical Society
PROVIDENCE, RHODE ISLAND*

Any Society which has experienced the vicissitudes of one hundred and twenty-five annual meetings, must have had a good constitution to begin with, and been blessed with rugged forefathers. It so happens that part of the original Constitution, the Charter, is an integral part of the present Rules and By-Laws and is further evidence of the wisdom shown by our founders.

A study of the old records, from the incorporation of the Rhode Island Medical Society by the General Assembly of this State in February, 1812, indicates the liberal principles and high standards on which this Society was founded, and explains the reason for its survival and its outstanding position and influence in our present day civilization.

A glance at the names of the incorporators denotes that they were prominent citizens of the community as well as the leading physicians of their day. The clear, firm handwriting in the first record book, and the bold signatures of the John Hancock type, in which they subscribed to the Charter and rules of the Society, serve to support this contention.

At this, our one hundred and twenty-fifth annual meeting, and on the occasion of the tercentenary anniversary of the founding of the State of Rhode Island and Providence Plantations, it may be profitable to observe the condition and character of this Society as disclosed in the records at intervals of twenty-five years.

The first meeting was held on April 22, 1812, in the Senate Chamber of the Court House in Providence. Agreeably to the Act of Incorporation which had been passed a few months previously by the General Assembly, the Society proceeded to organize, drafted by-laws, rules and regulations, and elected officers, and appointed committees. It is significant that a Librarian was included in the list of officers, although sixty-six years were to elapse

before any provision was made for the establishment of a library. Forty-nine physicians constituted themselves as charter members.

Meetings were held annually, alternating between Providence and Newport. It was apparently as difficult to assemble the members of a committee at that time as it is today, for we read that "on the 5th of Sept. 1814 the day appointed for the meeting of the Censors of the Northern District no ONE of them was present as pr^r information of the Waiter."

Two orators were appointed to deliver addresses at each annual meeting, followed by a dinner. The annual dues fluctuated between one and two dollars, but the Censors were empowered to collect for the Society ten dollars for each candidate examined and certified.

At the twenty-fifth annual meeting held in Providence June 29, 1836, no especial notice was taken of the quarter century of existence. The Fiske Fund had been established the previous year, and premiums for two essays were awarded at this meeting. There is no record of the membership at this time, but there was probably no appreciable increase in numbers, since a few years later the average attendance at meetings was slightly under forty. In 1846, the By-Laws were altered, as the old phrase reads, to permit semi-annual meetings in June and December.

The fiftieth annual meeting was held in Providence, June 19, 1861, and plans were made for the celebration of the semi-centennial anniversary of the Society a year hence. Dr. David King of Newport was engaged to deliver an oration commemorating the event, but this was not actually delivered until 1863. Quarterly meetings were begun in 1861, and have continued up to the present time. The membership that year was sixty-seven. It was suggested that District Societies be formed, although the Providence Medical Association had already been in existence for thirteen years. At this time the first interest in specialities was noted. Committees were appointed in the Departments of Practical Medicine, Surgery, Obstetrics, with Diseases of Women and Children, and the Collateral Sciences, including Anatomy, Physiology, Chemistry, Microscopy, etc.

*Delivered at the one hundred and twenty-fifth Annual Meeting, at the Medical Library in Providence, June 4, 1936.

A resolution was adopted for the formation of a Museum of Comparative and Pathological Anatomy, to be located in Providence.

Another resolution was passed for the appointment of a delegate to attend the meetings of other State Medical Societies, particularly those in New England, in order to cultivate friendly relations. Delegates had been appointed to attend the meetings of the American Medical Association since its inception in 1847.

The seventy-fifth annual meeting was held in Lyceum Hall, Providence, June 10, 1886, but no especial observance of the anniversary was made. Dr. Charles H. Leonard, now the sprightly dean of our profession, was Treasurer at the time. The membership of the Society was one hundred ninety-eight.

The Trustees of the Fiske Fund were able to make two awards, each with a premium of \$200.00. The fortunate contestants were Dr. Charles V. Chapin of Providence, and Dr. Hobart A. Hare, of Philadelphia.

At this meeting Dr. William R. White offered a resolution for the appointment of a Building Committee to solicit funds for a building for the use of the Society. This ambition was not to be realized for twenty-five years.

Dr. Horatio R. Storer reported as the only member of a delegation who had been able to attend the meeting of the American Medical Association in St. Louis. He reported an unusually large and harmonious session with evident rivalry as to whether St. Louis or Chicago was to be considered *the* American Medical metropolis. Future meetings were to be held only in the great cities of the Central States.

There was an agitation for the control of local epidemics of the zymotic diseases and Dr. Winsor of Anthony, and Dr. Garvin of Lonsdale, as medical members of the General Assembly, were thanked for their ready and cordial aid in furthering the wishes of the Society.

Dr. Henry I. Bowditch of Boston, delivered an address on "The Past, Present and Future Treatment of Homeopathy, Eclecticism and Kindred Delusions." He presented a wise and sane discussion of a controversial subject which fifty years ago rocked the medical profession to its very foundations.

At the one hundredth annual meeting held in the Normal School, Providence, on June 1, 1911, the chief interest centered in the laying of the cor-

ner stone of the Library Building. The agitation for a home for the Society had been gradually growing insistent during the past quarter century. It was brought to a head three years previously when the Providence Public Library, which had courteously housed the Society's books for many years, notified the officers that these rooms must be vacated by 1912. A Ways and Means Committee was appointed to confer with the Building Committee, a site was selected and purchased, architect's plans were prepared, and generous contributions from Fellows of the Society and laymen were obtained. By transfer of Society funds to the Building Account, all but \$15,000 of the \$50,000 necessary to erect the building was in the hands of the Treasurer, six months after the corner stone was laid. Dr. Frank L. Day, for the Trustees of the Rhode Island Medical Society Building, presided at the exercises.

Addresses appropriate to the occasion were delivered, and with the benediction of the church the corner stone was declared to have been properly laid.

At the annual meeting, held earlier in the day, Dr. G. Alder Blumer delivered the annual address entitled "A Plea for the Medical Library." In a typically Blumerian blend of wit and wisdom he lightly traced the development of our Library to its outstanding position among the medical libraries of the United States.

There was much discussion of the regulation of medical practice and of a bill providing for the creation of a Board of Osteopathy.

The centennial celebration of the Rhode Island Medical Society occupied two days, June 12 and 13, 1912. On the first day an outing was held at Rocky Point with athletic sports and a Rhode Island shore dinner.

In the evening the new Medical Library was formally opened with a reception at which prominent State and City officials, officers of Brown University and leaders in many charitable organizations were present. The reception was a brilliant affair, and gave the public its first opportunity to admire the handsome interior of the new structure.

The one hundred and first annual meeting was the first to be held in the new building. Forty-seven physicians had joined the Society during the year, the largest number in any one year of the Society's existence, except the initial meeting in 1812 when forty-nine physicians associated themselves to found the Rhode Island Medical Society.

The establishment of the J. W. C. Ely Fund by a gift from his son and granddaughter to be devoted to the purchase of current periodical literature on medical subjects was announced.

Dr. Abraham Jacobi delivered the centennial oration on "The Educational Value of Medical Societies and Libraries." Dr. Frederick T. Rogers, the retiring President, in turning over the building and keys to the Society, through the incoming President, Dr. Alexander B. Briggs, said: "Today we begin a new century of medical life with the dream of our forefathers and the hopes of many years of waiting realized in this new and magnificent edifice devoted to the medical profession in this State, a home for this Society forevermore and a permanent housing for its valuable library." He mentioned the generous gift of the stack by Mrs. Gustaf Radeke, the furnishing of the auditorium by the Trustees of the Rhode Island Hospital and the special contributions in memory of deceased Fellows of the Society. The special library room was named "The Horace G. Miller Room" because of his interest in the Society and his generous donation. Dr. John M. Peters, Chairman of the Building Committee, in handing over to the President the trowel with which the first mortar was placed in laying the corner stone, expressed the appreciation of the Society for the tremendous amount of energy and time put into the building of this library by Dr. Rogers, and other members of the committee.

At the annual banquet, for the first time in the history of the Society, the presence of ladies added much to the pleasure of the occasion.

In this brief abstract of former meetings you have observed that many of the problems which give us concern today were likewise the controversies of an earlier period. Had there been time to summarize each of the one hundred and twenty-five annual meetings, together with the semi-annual and quarterly sessions, you would have been struck with the fact that practically every question which is before us today seeking solution, was a knotty problem to our predecessors.

We pass quickly over the intervening twenty-five years, so familiar to many of us in this room today, and pause for sober reflection at the threshold of the second quarter of the second century of our existence as a Medical Society. What are our problems today, and in what manner do they differ from those faced by our predecessors?

The most insistent topic which confronts us at this moment is the question of Socialized Medicine, which is being proposed as a part of the social program of the present national administration. Certain aspects of medical practice, such as the care of crippled children, the aged and the blind, maternal and child welfare, state public health activities, and research in the field of public health and sanitation, are already taken over by the Federal Government under the provisions of the Social Security Act, which is now law. A few strokes of the pen, a few sentences incorporated into this Act, and all phases of medical practice, including health insurance, would have been embodied in this legislation. Had it not been for the strenuous and insistent opposition of organized medicine, as exemplified by the American Medical Association, such an addition would undoubtedly have been made to the present law.

For the purpose of combating such vicious tendencies in legislation, and to acquaint the medical profession and the general public with the actual situation, your president, and our efficient delegate to the American Medical Association, Dr. Guy W. Wells, have visited each of the component District Societies during the past winter and discussed with them the situation as it exists today. We have been received most cordially at every meeting, and much interest has been manifested in the question at issue. Our efforts have been further supplemented by addresses before lay organizations, and one of the radio lectures given in this building during the past winter was devoted to this subject.

The Committee on Education of this Society is now perfecting plans for State-wide talks by physicians before civic clubs, women's organizations, parent-teachers associations, and patriotic and other groups, for the purpose of acquainting the general public with the true significance of socialized medicine. This program will not reach its peak of accomplishment before next winter.

In the past we have devoted too much time and effort in attempts to combat vicious legislation, after such bills have been introduced in the General Assembly, and when powerful lobbies are exerting political pressure for their passage. At once there arises a cry of protection for medical interests, and our efforts are vilified and held up to ridicule. This is not the way to deal with the problem. We should rather devote our energies to the public itself, educate them, and show them the fallacies of these socialistic movements.

This instruction may be accomplished in various ways. Our efforts by means of popular talks over the radio and by addresses delivered by physicians before civic organizations have already been indicated. Another powerful instrument for disseminating helpful propaganda is through the medium of an influential newspaper. We can reach the thinking portion of the public by carefully prepared articles in the daily press, and at the same time do no violence to our code of professional ethics. Publicity of the right kind is the goal we should seek, for we have too long hidden our light under a bushel.

The profession of medicine is the custodian of the accumulated knowledge in medicine and should use it for the benefit of the community. This knowledge, technical in nature, and developed by experience, can be interpreted to the body of the people only by persons educated to understand it and trained to apply it. No one but the doctor of medicine can fulfill these requirements. We should not hesitate to assert our claims of superiority in the field of medicine, and our responsibility as guardians of the health of the public.

But our liability does not end here. Our most effective means of education lies in our daily contact with patients and families in home and office practice. It is the duty of every one of us to introduce discussion on the subject of socialized medicine or to answer questions propounded by seekers after the truth.

If we are but convinced of the soundness of these arguments, we have only to put our shoulder to the wheel, and the profession of medicine by its very inherent strength, will rise again to the proud position of leader among the learned professions. The weapons necessary for the battle are publicity and organization. The former we have already discussed; the latter seems so self-evident, if only as a means of mutual protection, that it should be unnecessary to call it to your attention. The accomplishments of bodies like labor unions, the grange, large corporations, Veterans organizations, and political parties, are all attributable to their organization and solidarity. In the plan of organized medicine in the United States from the component district organizations through the constituent State societies and including the national association, we have all the elements of a similar successful campaign. These benefits are of so much value that no medical man can afford to be without the pale of membership.

The test of ability and integrity should not be "Is he a graduate of this college or associated with that hospital?" but "Is he a member of the State Society?" From membership in the State Society he should seek to associate himself with the national body. The necessity for strengthening the forces of organized medicine has evidently appealed to the medical profession of this country as a whole, for during the past year the membership of the American Medical Association has increased by nearly 4,500, and 2,000 of these names have been added to the rolls since March first of this year. This gives a high record for all time of 103,241 members.

Let the physician whose membership is confined to his District Society, consider thoughtfully his obligations. The State Society and the national body are employing their funds and the energies—I might say the life blood—of their Fellows, in a battle to protect the rights of the public and the privileges of the medical profession of this country. Except for a few salaried officials, that time and effort is freely given without thought of reward or desire for recompense. The benefits secured to the entire medical profession by these labors in the vineyard may be compared to the benefits received from liability insurance. Should we expect anyone but ourselves to pay the premium on our policy? The answer is No.

Ten years service as your delegate to the American Medical Association has convinced me beyond the shadow of a doubt that the legislative body known as the House of Delegates, is an accurate cross section of the medical profession of the United States, and that its deliberations are concerned only with what is for the best interests of the public and the medical profession.

Neither is it true that these delegates are a group of venerable gentlemen, who are not conversant with the problems of this present day and generation. Their conclusions, reached after mature thought and deliberation, have almost universally withstood the test of time and experience. At the recent Kansas City meeting of the American Medical Association, the leaders of the profession in the United States reiterated their belief that we must adhere to the sound principles on which the practice of medicine was founded, keep faith with the public, and cleave to the traditional obligations of the profession. Any legislation for the public good is synonymous with the welfare of the medical profession.

In considering the perplexing question of socialized medicine we must appreciate the two divisions of medical practice—the geographic and the institutional. The former represents the method under which medical services to all the people have been rendered in the past, i.e., a sufficient number of physicians minister to the medical needs of a certain geographic area. The institutional plan is one which has grown up in a more thickly populated district, and centres around a medical school, hospital clinic, or industrial plant. Such practice is necessarily restricted in its ability to expand and it is difficult to understand how such a scheme of medical service could ever adapt itself to the requirements of a widely distributed clientele.

In keeping with the times and in an effort to be of real service in attempting to solve the vexing problems of the costs of medical care, the medical profession of this country has been evolving plans for the treatment of low income groups. Over 3,000 such plans have been formulated and 378 such projects are receiving serious study by the Bureau of Medical Economics of the American Medical Association. Many systems are already in operation, notably the Wayne County and Washington plans, with varying degrees of success. Each section of the country must work out its problem, adapted to the conditions existing in the local community. Rhode Island has not been backward in this regard, and efficient committees are studying the question in all its angles. A survey of several large industrial plants is being made to determine the income levels, and in order to ascertain what proportion of the employee's earnings may properly be budgeted for the expenses of illness. In this country at large 5% of the family income is allotted for medical services.

The results of this survey are problematical. It is possible that after all available information has been collected, the committee will decide that no departure from the established method of procedure is advisable. On the other hand, some important changes in dealing with the economic questions involved, may be recommended. It is probable that only a small percentage of the population will require special consideration under any insurance or partial payment plan. At present only 1.3% of the public are operating under any such scheme.

One fact stands out preeminently. No scheme should for one moment receive serious consideration, which would seek to discard the age-old experience of the professional relationship between

physician and patient, because of a temporary emergency induced by an economic depression. Unwise meddling with a system of practice built up through the centuries by trial and error, will result only in confusion for the patient and calamity for the medical profession, and the disaster would endure long after the crisis had passed away.

No scheme for group hospitalization should receive attention, which fails to take the doctor into account.

Group hospitalization by its very name connotes that the relationship is one of direct arrangement between hospitals and groups and that hospital care alone is the service bargained for. Group hospitalization, then, is a plan whereby a hospital or an association of hospitals contracts with classified groups of people to furnish hospital care when needed in return for the periodic payment or pre-payment of a stipulated sum by each member of the group. A bona fide group hospitalization plan, as defined, should exclude all professional or medical services of physicians or surgeons, pathologists, roentgenologists, anesthetists and special nurses. The control of the service provisions and membership funds should be in the hands of those who can render the service, viz: the hospitals or an association properly representative of the hospitals and the medical profession.

At the recent session of the General Assembly in this State, considerable legislation providing larger benefits to injured employees and more equitable remuneration to physicians has been passed. The vexing question of compensation for occupational diseases is on its way to a satisfactory solution.

We must continue our efforts to secure the passage of beneficial legislation and the defeat of vicious laws. We must work until we have achieved the enactment of a Basic Science law. It is only by such measures that the activities of the cults and irregular practitioners can be restricted. It is futile to attempt to convince a legislator of the absurd claims of some sectarian group, particularly if his own pains have been alleviated while under such treatment.

Physicians should have more voice in the administration of hospitals, either by election to the governing body of trustees, or by appointment to committees which are influential in affecting the administrative policy of the institution.

Many other problems or pressing for solution,

but the more vital questions have been suggested as the goal toward which we must aim.

The doctor has always been regarded as an easy mark, but this failing is his source of strength, as well as his weakness. Our profession has been altruistic from its inception, and it is the oldest science in the world, except astronomy. No matter how much we may try to improve our economic status, the humanitarian viewpoint must always be uppermost in our thoughts, for the reason that if we lose the confidence of the public we lose our greatest asset. "The physician must ever sail the boat which he is not allowed to beach."

If we are all willing to work for the advancement of our profession, in its economic as well as its scientific aspects, we shall see it rise, like Phoenix, from the ashes to renewed strength, and to occupy an enviable position in our present day civilization.

ADDRESS OF THE GOVERNOR THEODORE FRANCIS GREEN

At the Rhode Island Medical Society Dinner
June 4, 1936

It is a pleasure for me to be with you upon your celebration of the 125th meeting of the Rhode Island Medical Society. In these days the bonds between the State of Rhode Island and medical practitioners in general, and your Society in particular, are peculiarly strong. This is not in itself remarkable. All of us, of whatever profession, have been drawn more closely together in the common causes of the past few years. The world, if we look about it, seems still to exhibit its rather embarrassing quota of man's inhumanity to man; but I think no one can claim that society has ever, anywhere, taken its responsibilities more seriously than the United States—both as a federation and as independent states—in connection with the rehabilitation of this very sick nation.

The seriousness of our endeavors has been marred, of course, by political disagreement. Our experiments have been more radical than some groups would allow, and far less radical than other groups approve. Human and frail as we are, it is a wonder we have not blundered far more than we have. The colossal task of caring for millions of unemployed, of seeking to readjust economic factors in the process of reemployment, and to absorb the always maturing youth of the nation—that task

has been no overnight one. Rome was not built in a day—nor rebuilt, either; and the problems of reconstruction are still unfinished.

Nevertheless, we have tried and we are still trying to solve them; and in these experiments we have been—in spite of disagreement, dissension and even reaction—more generally united than we have ever been except in times of war. This, too, has really been a war: in many ways a more desperate war than man has to fight on actual fields of combat.

Not the least important figure in this war against depression is the man of medicine. You doctors do not need to be told that you are noted not only for your high fees but as well for your generosity. For every case which brings a doctor a large check, there are many which bring him only small ones, or none at all. And when so widespread a calamity as we have experienced strikes society, the calls upon a physician's generosity and patience immediately increase.

Here in Rhode Island I think we have handled medical relief with noteworthy success. You will remember that at the termination of CWA in April, 1934, the State Unemployment Relief Commission, together with the Federal government and cities and towns, took care of a medical and hospitalization program which the government at Washington had formerly financed 100%. In order that relief clients might receive the best of medical care, I asked the Rhode Island Medical Society to prepare a plan and this was approved by the commission. Your society was then asked to recommend a physician to be medical director under that plan and the doctor recommended was appointed by the commission. The reasons for this appointment were numerous, but they may be summed up by saying that such a directorship was essential if we were going to keep medical relief in order. Above all, the State was anxious that, on the one hand a relief patient should have a free hand in his choice of physician, and that on the other hand doctors might practice without any dictation from the State. Adequate medical attention, guaranteed and unhampered, was what we all desired.

Our Social Service Division has worked with the Medical Director and the doctors in every way possible. The case workers were given to understand, in plain terms, that whenever medical problems came to their attention they must direct the client to call his family physician. This was a part

of the plan sponsored and approved by the Medical Society and adopted by the commission. The plan is excellent in that it gives the relief client the same medical care he would receive as a paying, private patient. The Medical Plan is specific—a virtue, you will agree, in such work as this. Among its important rules is the fee schedule which serves as a guide for all doctors in submitting their bills for service. It even recommends the number of calls in chronic cases.

The Hospitalization Plan previously adopted has been accepted by all hospitals throughout the State. Allowing two dollars a day for cases of relief clients, it made another step forward by easing the burden of relief borne by the various hospitals. Take for example, the matter of x-rays. Many x-ray photographs were necessary. Hospitals requested a meeting to discuss payment for such x-rays. Their representatives met with the Medical Director and the Secretary of the Commission. A schedule of rates was drawn up and approved.

And as for figures? Well, during 1935 doctors' bills amounted to \$164,104, and hospital bills to \$100,965. Those figures speak pretty strongly as proof of the collaboration between the State of Rhode Island and the physicians.

We cannot hope, under extraordinary circumstances, to maintain conditions of complete satisfaction in these matters. In a world that is, we must confess, something less than perfect, we are laboring in subnormal times. Nonetheless, we have approximated proper health guarding and maintenance. We have, I submit, approximated that far more nearly than many of us may have expected. And our thanks go to you for your share in bringing this about!

RUFUS HERBERT CARVER, M.D.*

Dr. R. H. Carver, a member of the Providence Medical Association since 1874, died at his home, 8 Somerset Street, Providence, on December 30, 1935, in his 87th year. He had been in retirement since 1923 and in failing health for the last several years.

Rufus Herbert Carver was born in Taunton, Mass., January 22, 1849, the son of Charles H. and Sarah Deborah Bliss Carver. He graduated from the Taunton High School in 1866 and, in 1867, began the study of medicine with Dr. Silas D. Presbrey of Taunton as Preceptor. In 1870, he

graduated from Harvard Medical School and in May of that year opened an office in Providence. In 1874, Dr. Carver became associated with Dr. George Capron and Dr. Thomas Perry, who were the leading obstetricians in the State and who had a very large practice. He remained with them for four and a half years and then opened an office for himself on Aborn Street, afterwards moving to Broad Street and finally to Somerset Street.

Dr. Carver was a member of the American Medical Association, the Rhode Island Medical Society, the Providence Medical Association, the Clinical Club, the Old Colony Historical Society of Taunton, and the Rhode Island Society of the Sons of the American Revolution. He had also been a member of the Providence Central Club and of the Rhode Island Yacht Club. In the latter organization he for many years held the office of Fleet Surgeon. He was Visiting Physician to the Providence Lying-In Hospital from its opening in 1884 until 1916, when he resigned this position and was then appointed Consulting Physician. He was also a member of the Board of Trustees from 1912 to 1921.

He was a member of the Consulting Staff and of the Corporation of the Rhode Island Hospital. He was unmarried, and his only close survivors are two sisters.

This bare recital of the facts of Dr. Carver's life gives but a slight idea of the man as he was known to his colleagues. Having in his early years the good fortune to be associated with Drs. Capron and Perry, he was naturally attracted to Obstetrics and gained a vast amount of experience through that association. While he was always in the general practice of medicine, for many years he was the leading consultant in Obstetrics in the community. Although he began his work before the aseptic era he kept abreast with the progress in Obstetrics and accepted and practised the new methods. He was an inspiring teacher, always ready and eager to give of his knowledge and experience to the younger men. He was a most skilful operator, especially in the use of the obstetric forceps in which he had no superior. It is unfortunate that he kept no records of his patients. It is impossible to know how many deliveries he attended but the number must be great.

On reaching the age of 75, having been in active practice until that time, he quietly and gracefully retired, still, however, retaining his interest in Obstetrics and the Lying-In Hospital. On the opening of the new hospital building, in 1926, he had the honor of delivering the first baby born there. This was a fitting climax to a long and impressive medical career.

*An Obituary prepared by H. G. Partridge, M.D., and Pearl Williams, M.D., and read before the Providence Medical Association, February 3, 1936.

THE RHODE ISLAND MEDICAL JOURNAL

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THE ANNUAL MEETING

Eighty-eight per cent. of the fellows who returned their ballots voted in favor of a two-day annual meeting of the Rhode Island Medical Society. The success of the 1936 meeting on June 3 and 4 justifies their decision. On Wednesday morning clinics were held at Butler Hospital, The Memorial Hospital, Providence Lying-In Hospital and St. Joseph's Hospital. The largest attendance for this morning was at The Memorial Hospital where, besides members of the staff, 89 guests registered, making a total of 110. On Thursday morning clinics were held at Charles V. Chapin Hospital, Homeopathic Hospital of Rhode Island, Miriam Hospital and Rhode Island Hospital. At the last named hospital more than 200, including 128 guests, were present. These meetings demonstrate the value of the clinical material which is present in Providence and Pawtucket. The clinics were interesting and instructive. They began and ended promptly. Through courtesy of the management of the several hospitals an excellent luncheon was served to all who had registered for the clinics.

The program of the meetings in the Medical Library, Wednesday afternoon and evening and Thursday afternoon, included several papers by members of the society, each remarkable as a presentation of original and unpublished work. A History of the Rhode Island Hospital by John M. Peters was a valuable contribution to local medical history. Guest speakers included Olin West, Secretary of the American Medical Association, Albert M. Snell of the Mayo Clinic, Dean Lewis of Johns Hopkins University and Hospital, and Wilder Penfield of Montreal. Mention of the names of these speakers indicates sufficiently the interest and value of the addresses which they gave. The scientific program concluded with the Annual Address by the

President, Roland Hammond, and induction of the newly elected officers.

Throughout the two-day meeting the scientific and commercial exhibits were a source of constant interest. This personal contact between members of the society and advertisers in its JOURNAL is of mutual benefit. It was a special pleasure to meet again some detail men who had not visited Providence in recent years. We missed an exhibit by medical book publishers who neglected this opportunity for contact with the profession. The exhibits occupied every available part of the Medical Library—the rear of the auditorium, the reading room and the dining hall. Wednesday supper, through the courtesy of the Rhode Island College of Education, was served in their building across the street from the Medical Library.

The Annual Dinner, a traditional Rhode Island clam bake served at the Pomham Club, under the supervision of the Anniversary Chairman, Herbert E. Harris, and the Committee on Arrangements, was received not only with enthusiasm but likewise with more than usual decorum. Two hundred ninety-nine fellows and guests registered for the Annual Dinner.

A. H. M.

CLINIC DAYS

Two years ago the Rhode Island Medical Society inaugurated a clinic day in conjunction with the annual meeting. The purpose was to vary the program by holding clinics at the various hospitals on one day and follow with the didactic presentation of papers the following day. The results to date are very gratifying.

In Pawtucket the Memorial Hospital, an institution considered small because of a 160-bed and 30-basinette capacity, with a daily registration of 139 patients, has been very successful in the "clinic day." The Memorial Hospital through the alumni association initiated the idea of a clinic day five years ago. The attendance increases each clinic day, which is evidenced by the registration. The success is further spelled by the attendance of chiefs of some of the large metropolitan hospitals—by out of state visitors and by harmonious co-operation and collaboration of all departments in presentation of the usual and unusual, the ordinary and the extraordinary cases.

The modus operandi of the clinic day at the Memorial Hospital is as follows: There are two clinic days annually—the R. I. State Society day in

the spring and the alumni clinic in the fall. The heads of the departments arrange the program so there is no duplication of cases. The visiting and associate staff is assigned cases which are selected and weeks are spent in preparation of these cases. The program hour for each department is arranged. The convenient hours for group attendance are rotated yearly so there is no conflict in major clinic presentation and no preference shown any particular department.

Finally, before the actual day a conference is held—each head with his associates and the program presentation discussed and completed. A chief of a department from the Lahey Clinic who attended the last clinic day was asked why he attended our clinics; because of the completeness of detail in presentation was the answer.

The registration of attendance this year was 110 at the R. I. Medical Society Clinic. The registration at the last alumni clinic at the Memorial Hospital was 251.

THAD. A. KROLICKI, M.D.

CLEAN BATHING BEACHES

Public attention is being drawn to the pollution of waters by city sewage. This is a condition that has existed for so many years that the public has become indifferent to it until recently it is realizing that the continued pollution renders bathing unsafe when such bathing is close to discharging material. Also shell fish whose grounds are subject to these discharges are rendered unsafe.

The only solution to this very undesirable condition is sewage disposal plants. It is true that this involves a great deal of expense and there are certain locations where it is practically impossible to establish them, but where it can be done the investment is justified.

Bathing beaches should be, so far as is possible, rendered free from contamination so that the bathers can, without hesitation, indulge in this healthful exercise.

As for possible contamination of oyster beds, that is a menace that is very insidious and every effort should be instituted to prevent this unhealthy condition. Eventually the public will be aroused to the point where there will be an insistence on the establishment of sewage disposal plants, and then this matter of expense will not be considered prohibitive.

E. V. M.

RHODE ISLAND MEDICAL SOCIETY

Minutes of the One Hundred and Twenty-fifth Annual Sessions

Meeting of the Council

The annual meeting of the Council was held at the Rhode Island Medical Library on May 20, 1936, at 4 P. M., and in the absence of the President, Dr. Roland Hammond, and the Vice President, Dr. J. E. Donley, Dr. W. C. Rocheleau, 2nd Vice President, presided.

The minutes of the previous meeting having been published, it was voted that the reading of same be omitted.

The report of the Treasurer as rendered herewith being duly examined by the auditors was accepted and approved, and referred to the House of Delegates for its approval and adoption.

It was voted that the back dues of Dr. W. W. Hunt, and Dr. A. W. Calder, both of whom have reached the age of retirement, be remitted and that they be placed on the retired list and continued as Fellows of the Society without payment of dues. It was voted that the question of the other Fellows in arrears be carried over to the November meeting of the Council.

It was voted to lay upon the table consideration of increasing the amount of reimbursement of the delegate to the American Medical Association for expenses incurred in attending the annual meeting of the A. M. A.

The following motion was introduced at the request of the Chairman of the Library Committee: "That a book case, which may be securely locked, be procured for the safeguarding of various valuable books, now kept on open shelves in the Library."

The motion was laid on the table pending further information from the Committee on Library as to the type of book case, the probable expense thereof, and the proposed place of installation of the book case.

Adjourned.

Respectfully submitted,

J. W. LEECH, M.D., *Secretary*

REPORT OF THE TREASURER

COMPARATIVE STATEMENT FOR 1935

Jan. 1, Chase Wiggin Fund	\$6,892.21	\$6,892.21
Jan. 1, H. G. Miller Fund	\$5,609.10	\$5,609.10
Jan. 1, J. W. C. Ely Fund		
May 27, Sold Southern California Edison	\$1,051.25	
Accrued interest 4 mo.		
27 days	20.42	
		\$1,071.67
May 27, Purchased Rhode Island Public Service Pfd.	\$1,071.67	
Rhode Island Public Service Co. Interest	37.00	
Interest Jan. 1935 Southern California Edison	25.00	
8 Shares Mechanics National Bank Stock	480.00	
Interest in default		\$1,613.67
Jan. 1, Endowment Fund		
2,000 Oklahoma Gas & Electric Co. 1st Mort. 5%	\$1,920.00	
Interest	100.00	
Peoples Savings Bank	2,731.76	
Bank interest	70.16	\$4,821.92
Jan. 1, Printing Fund	\$1,677.52	\$1,677.52
Jan. 1, E. M. Harris Fund		
2,000 A-NY & B-NY Realizing Corp. Debentures 5½%	\$2,000.00	
4 Shares stock A-NY & B-NY Realizing Corp.		
Interest in default		
2,000 General Public Utilities Co. 6½%	1,980.00	
Interest	156.00	
1,000 Central Arizona Light & Power Co. 5%	962.50	
Interest	50.00	\$5,148.50
Jan. 1, Frank L. Day Fund		
3,000 Canadian National Railway Co. 4%	\$2,979.75	
Interest	135.00	
Industrial Trust Company	364.96	\$3,479.71
Jan. 1, Herbert Terry Fund		
2,000 Missouri Public Service Co. 5%	\$2,003.10	
Interest, February	50.00	
Balance on hand	460.40	\$2,513.50
Dec. 10, Sold Missouri Public Service Co. 5% \$1,154.17		
Purchased 96 shares Providence Gas Co. 1,152.00		
Balance from sale and purchase	\$2.17	
Jan. 1, James R. Morgan Fund		
500 Missouri Power & Light Co. 4½%	\$441.38	
Interest	22.50	\$463.88
Jan. 1, James H. Davenport Fund		
1,000 Monongahela West Penn Public Service 5½%	\$1,027.19	
Interest	55.00	
Balance on hand	254.53	\$1,336.72

Dec. 10, Called for redemption:

Monongahela West Penn Public Service

5½% \$1,050.00

Accrued interest 19.55

\$1,069.55

Purchased 89 shares Providence Gas Co. 1,068.00

Balance from sale and purchase \$1.55

Jan. 1, Cataloguing Fund

Peoples Savings Bank, Clinical Conference Fund

\$526.88

Interest 5.71

Prov. National Bank Checking

72.01

Account

116.63

Gifts received

\$721.23

Jan. 1, Participation Account

Prov. Institution for Savings

\$526.66

Interest 13.24

\$539.90

1936

Jan. 1, Chase Wiggin Fund \$6,892.21 \$6,892.21

Jan. 1, H. G. Miller Fund \$5,609.10 \$5,609.10

Jan. 1, J. W. C. Ely Fund

Rhode Island Public Service Co. \$1,071.67

8 Shares Mechanics National Bank stock 480.00

Paid Rhode Island Medical Society for JOURNALS 62.00 \$1,613.67

Jan. 1, Endowment Fund

2,000 Oklahoma Gas & Electric Co. \$1,920.00

Peoples Savings Bank 2,901.92 \$4,821.92

Jan. 1, Printing Fund

\$1,677.52 \$1,677.52

Jan. 1, E. M. Harris Fund

2,000 A-NY & B-NY Realizing Corp. Debentures \$2,000.00

4 Shares stock A-NY & B-NY Realizing Corp. 1,980.00

2,000 General Public Utilities 962.50

1,000 Central Arizona Light & Power Co. 962.50

Paid R. I. Medical Society for repairs on building 206.00 \$5,148.50

Jan. 1, Frank L. Day Fund

3,000 Canadian National Railway Co. \$2,979.75

Paid for Medical Books 68.48

Industrial Trust Company 431.48 \$3,479.71

Jan. 1, Herbert Terry Fund

2,000 Missouri Public Service Co. \$2,003.10

Paid Rhode Island Medical Society for JOURNALS 29.50

Balance on hand 480.90 \$2,513.50

Jan. 1, James R. Morgan Fund

500 Missouri Power & Light Co. \$441.38

Paid Rhode Island Medical Society for Expenses 22.50 \$463.88

Jan. 1, James H. Davenport Fund		
1,000 Monongahela West Penn Public Service	\$1,027.19	
Balance on hand	309.53	\$1,336.72

Jan. 1, Cataloguing Fund		
Expenses for Year Jan. 1, 1935		
Jan. 1, 1936	\$396.49	
Peoples Savings Bank	132.59	
Prov. National Bank, Checking Account	192.15	\$721.23

Jan. 1, Participation Account		
Prov. Institution for Savings	\$539.90	\$539.90

RECEIPTS

Cash on hand January 1, 1935	\$ 482.89
Annual Dues	4,363.76
Donations	805.14
Harris Fund	206.00
Terry Fund	52.17
Davenport Fund	56.55
Ely Fund	62.00
Morgan Fund	22.50
Exhibits, Annual Meeting	300.00
Outstanding Check	1.65

\$6,352.66

EXPENDITURES

Collation and Annual Dinner Expenses	\$ 999.00
Expenses of Secretary (Secretary service, etc.)	110.58
Printing and Postage	149.75
Gas	48.72
Electricity	97.40
Fuel	591.50
Telephone	125.33
City Water	15.65
House Supplies and Expenses	423.31
House Repairs	272.35
Librarian	1,660.00
Janitor	720.00
JOURNALS, Ely and Terry Funds	74.00
Safe Deposit	6.60
Treasurer's Bond	25.00
Dues, Medical Library Association	10.00
Delegate, American Medical Association	100.00
Folding Chairs	81.75
Sunday Lectures	134.48
Federal Tax on Checks (Dec. 1934 only)	.36

\$5,645.78

Cash on Hand to Balance	706.88
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\$6,352.66

Respectfully submitted,

J. E. MOWRY, M.D., *Treasurer*

Examined and found correct, May 15, 1936:

FRANK H. MATHEWS

ADOLPH W. ECKSTEIN

Meeting of the House of Delegates

The annual meeting of the House of Delegates was held at the Rhode Island Medical Library on May 20, 1936, at 5 P. M., and in the absence of the President, Dr. Roland Hammond, and the Vice President, Dr. J. E. Donley, Dr. W. C. Rocheleau, 2nd Vice President, presided.

The next order of business being the election of officers and standing committees, the Vice President, Dr. Rocheleau, called upon Dr. C. S. Christie, a member of the Nominating Committee, to present candidates of their selection. The following names were presented by the Nominating Committee, and there being no counter-nominations from the floor, on motion made and duly seconded, it was voted that the Secretary be instructed to cast one vote electing the candidates as proposed by the Nominating Committee:

President: J. E. Donley.

1st Vice President: W. C. Rocheleau.

2nd Vice President: J. W. Leech.

Treasurer: J. E. Mowry.

Secretary: Guy W. Wells.

Committee on Arrangements: H. A. Winkler, Chairman; R. R. Baldridge, F. W. Dimmitt, Treasurer ex-officio.

Committee on Legislation: H. E. Harris, Chairman; C. H. Holt, C. F. Gormly, President and Secretary, ex-officio.

Committee on Library: J. G. Walsh, Chairman; Eric Stone, Wilfred Pickles.

Committee on Publication: L. C. Kingman, Chairman; H. C. Messinger, C. S. Christie, President and Secretary, ex-officio.

Editor of the Journal: Frederick N. Brown; Business Manager, C. W. Skelton.

Committee on Education: R. S. Bray, Chairman; J. F. Kenney, George L. Young, President and Secretary ex-officio.

Committee on Necrology: J. E. Ruisi, Chairman; H. L. Emidy, C. H. Woodmansee.

Auditor 2 years: F. B. Littlefield.

Curator: C. D. Sawyer.

A verbal report of the meeting of the Council immediately preceding this meeting of the House of Delegates was presented by the Secretary, and it was voted that the Treasurer's report be accepted and placed on file.

Secretary's Annual Report, May 20, 1936

I submit herewith the annual report of the Secretary in review of the activities for 1935-36, and upon the present state of the Rhode Island Medical Society.

The Council met November 21, 1935, February 19, 1936, and in special meeting on January 2, 1936. The House of Delegates met on November 21, 1935, and February 19, 1936, and in special meeting on March 20, 1936. The Society has held its usual quarterly meetings in September, December, and March.

The question of changes in the By-Laws whereby changes in the number and dates of the meetings held by the Society might be brought about, was laid upon the table at the November meeting of the House of Delegates for one year.

The membership roll of the Society shows a net gain of 23 members over last year, and at present shows the following:

Active	488
Non-resident	18
Honorary	5

The following Fellows have died since the annual meeting of 1935:

John W. Keefe
Julian A. Chase
Francis J. Higgins
Horace N. Williams
Franklin P. Capron
R. Herbert Carver
Edward J. Logan
Virgil H. Danford
John Ridlon

The increase in the roll of members this year is, I believe, due to the closer liaison and cooperation of the District secretaries established with this office, which it is to be hoped will continue and increase.

The annual visitation of the President to the District Societies has been resumed by Dr. Hammond, and has proved to be a valuable method of contact between the State, and District Societies. Furthermore, our delegate to the A. M. A. has accompanied the President on these visits, and thus the relationship of District, State and National medical societies has been rendered closer.

The problems confronting the medical profession are no less pressing than they have been in the past five or six years. The economic disturbances have made all walks of life conscious of

restricted incomes, and the physician has certainly not been exempted. I believe the economic situation of the medical profession should be made known, and I know of no more direct way than by cooperating with the U. S. Department of Labor in its survey of physicians' incomes as was pointed out again this year in the April number of the RHODE ISLAND MEDICAL JOURNAL. If the fact of changes in physicians' incomes is known to responsible officials of the government, and available to less responsible agitators against the medical profession, there will be certainly less likelihood of legislation inimical to the profession. I would, therefore, again urge the Fellows to send to the Secretary an anonymous statement of their income change as suggested in the letter in the April number of the JOURNAL.

This is the twentieth and the last annual report as Secretary, I am privileged to make to this body. In relinquishing the office of Secretary, I do so with the pleasantest memories of the whole-hearted support and cordial cooperation extended me over these many years by the officers, by the delegates and by the entire Fellowship of the Rhode Island Medical Society.

I am, indeed, deeply in the debt of this Society for the great honor it has paid me in the Secretariate of this Society.

Respectfully submitted,
J. W. LEECH, M.D., *Secretary*

The Annual Meeting

The 125th annual meeting of the Rhode Island Medical Society was held on June 3rd and 4th, 1936, in Providence, R. I.

The mornings were devoted to clinics at the following hospitals: Butler Hospital, Pawtucket Memorial Hospital, Providence Lying-In Hospital, St. Joseph's Hospital, Charles V. Chapin Hospital, Homeopathic Hospital of Rhode Island, Miriam Hospital, and Rhode Island Hospital. These clinics were arranged by the Committee on Clinics: Chairman, Charles O. Cooke, Bertram H. Buxton, Frank E. McEvoy, Albert H. Miller, John F. Kenney, Dennett L. Richardson, Robert H. Whitmarsh, Arthur H. Ruggles, and were well organized and conducted, providing an interesting and instructive group of clinics in practically all the fields of medical practice.

The scientific session was called to order by the President, Dr. Roland Hammond, at 2 P. M. at the Medical Library.

A condensed report of the meeting of the House of Delegates held on May 20th was presented by the Secretary.

The following delegates from other State Medical Societies were present and extended congratulations of their respective Societies to this Society on its 125th anniversary: Dr. Benjamin E. Sanborn, Manchester, N. H.; Dr. Edward L. Merritt, Fall River, Mass.; Dr. Milo P. Rindge, Madison, Conn.

The report of the Trustee of the Fiske Fund was presented by the Secretary of the Trustees, Dr. Wilfred Pickles. As none of the essays submitted for 1936 award were, in the judgment of the Trustees, of sufficient merit to warrant awarding of the prize, it was voted by the Trustees not to award any prize for 1936. The subject of the essay to be submitted for 1937 is "Newer Method in Treatment and Prevention of Acute Anterior Poliomyelitis." It was voted to accept and place on file the report of the Fiske Fund.

Dr. John Langdon, Chairman of the Committee on Necrology, presented his report on the death of members since the last annual meeting.

In the absence of His Honor, Mayor James E. Dunne, Mr. Walter F. Fitzpatrick, City Treasurer, extended the felicitations of the City of Providence upon the Society's 125th birthday, and welcomed to the city the out-of-town members, and delegates to the City of Providence.

On motion of Dr. J. E. Donley, seconded by Dr. Wilfred Pickles, it was moved that a vote of appreciation be extended to Dr. James W. Leech for his long, faithful service as Secretary of the Rhode Island Medical Society for the past 20 years, from which office he is retiring this year.

The following commercial exhibits made an interesting part of the meeting:

August Bakery
Beta Products Co.
Boss & Seiffert Co.
Blanding & Blanding
Bard-Parker Co., Inc.
Otis Clapp & Son, Inc.
Jas. F. Coyne
Cameron Surgical Specialty Co.
Corp. Bros.
Geo. L. Clafin Co.
Coca-Cola Co.
Davies, Rose & Co., Ltd.
Fair Oaks Farms Milk
Hood's Milk

Hynson, Westcott & Dunning, Inc.

Horlick's Malted Milk Corp.

Lepel High Frequency Lab.

Lederle Laboratories, Inc.

Mead-Johnson & Co.

E. F. Mahady Co.

Mellins Food Co.

Philip Morris & Co., Ltd.

E. R. Squibb & Sons,

Scientific Sugars

Winthrop Chemical Co., Inc.

Dr. Frank H. Lahey, Lahey Clinic

The credit for this fine commercial exhibit is due to the Committee on Exhibits of which Dr. C. W. Skelton is chairman.

The following program was then presented:

1. "The Schilling Hemogram in Appendicitis," Dr. Henri E. Gauthier. Discussion by Dr. Herman A. Lawson.

2. "Treatment of Cancer of the Cervix at the Rhode Island Hospital—293 Cases with Five Year Followup" (lantern demonstration), Dr. George W. Waterman. Discussion by Drs. Herman C. Pitts, Russell, Hale, Houghton and Waterman.

3. "Observations from the Heart Clinic, Rhode Island Hospital," Dr. C. C. Dustin. Discussion by Drs. H. L. C. Weyler, H. A. Jones, and Dustin.

4. "History of the Rhode Island Hospital," Dr. John M. Peters.

Dr. W. W. Hunt moved that a rising vote be given Dr. John M. Peters as an expression of love and respect in which he is held by the Fellows.

5. "Medical Organization in the United States," Dr. Olin West, Secretary of the American Medical Association.

The afternoon session adjourned at 6 o'clock, and supper was served in the Rhode Island College of Education.

The meeting reconvened at 8 P. M. at which time the following papers were presented:

1. "Colics following Cholecystectomy; the Probable Mechanism of Their Production" (lantern and moving picture demonstration), Dr. Albert M. Snell, Mayo Clinic, Rochester, Minn. Discussion by Dr. R. S. Bray, and Dr. Snell.

2. "Ductless Glands and Their Surgical Relations" (lantern demonstration), Dean Lewis, Professor of Surgery, John Hopkins University, Surgeon-in-Chief John Hopkins Hospital, Baltimore. Discussion by Dr. A. T. Jones.

Dr. Jesse E. Mowry presented for the Committee consisting of Dr. Halsey DeWolf and himself,

the following resolution with reference to Dr. J. W. Leech, retiring Secretary of the Society:

"Dr. James W. Leech was elected Secretary of the Rhode Island Medical Society—as the record shows—on May 16, 1916, at 4:45 P. M., and after twenty years of service he retires at his own request.

"Dr. Leech has contributed, during these twenty years, in great part to the progress of the Society. His wisdom, tact, and knowledge of the state of medicine—both nationally and in Rhode Island—have served to keep us in the forefront of professional organizations. He has been literally the main spring which activates our forward movement; the fountain head from which has flowed our stream of progress.

"To those Fellows who have sat in the Council or House of Delegates, and especially to those who have had the honor of occupying the Presidential Chair, it is a pleasure to recall the calm, self-effacing, yet amazingly wise and dominating influence which Dr. Leech has exerted in all matters pertaining to the Society's activities. It is a satisfaction to us all that Dr. Leech, in retiring as Secretary, becomes the Second Vice President of the Society and so continues to work in its behalf.

"With these thoughts in mind your committee would propose the following:

Whereas: Dr. Leech sees fit to resign the position of Secretary of the Rhode Island Medical Society after twenty years of faithful and efficient service; be it

Resolved: That the Fellows applaud and thank him for his great contribution to the Society's progress and rejoice in the fact that his useful service will still continue; and further

Resolved: That this minute and these resolutions be spread upon our records and a properly engrossed copy sent to Dr. Leech."

This resolution was adopted unanimously by a rising vote.

On Thursday, in the morning, clinics were held at the hospitals as above noted, and the Society reconvened at the Medical Library at 2 P. M. for the continuation of the scientific program. At this time the following papers were presented:

1. "A Ten Year Statistical Study of Perforated Gastric Ulcer," Dr. Anthony Corvese. Discussion by Drs. F. V. Hussey, C. S. Westcott, R. S. Bray, F. H. Lahey of Boston, and Dr. Corvese.

2. "Surgical Therapy in Relation to Epilepsy," Dr. Wilder Penfield, Montreal. Discussion by

Drs. W. Pickles, J. E. Donley, A. Ruggles, C. Bradley, J. McCaffrey, and Penfield.

The newly elected President, Dr. J. E. Donley; Dr. J. W. Leech, Second Vice President; and Dr. Guy W. Wells, Secretary, were inducted into office by the President, and after a brief speech of acceptance the new President, Dr. Donley, adjourned the meeting to reassemble at the Pomham Club, where a shore dinner was served at 7 P. M. Group pictures were taken on the grounds of the Club, and after an enjoyable dinner the Anniversary Chairman, Dr. Herbert E. Harris, presented His Excellency, Governor Theodore Francis Green, who extended the good wishes of the State to the Rhode Island Medical Society. The Anniversary Chairman then introduced Mr. Thomas Murray of Somerville, Mass., who impersonating "Sir John Gray, Commissioner of International Affairs from Great Britain," entertained the members by apparently serious remarks upon international affairs, only to reveal himself at the end of his speech as a professional entertainer.

Adjourned.

Respectfully submitted,

J. W. LEECH, *Secretary*

(The Minutes of the June Meeting to be continued in the August number.)

BOOKS RECEIVED FOR REVIEW

COMPLETE HANDBOOK ON STATE MEDICINE, by J. Watson Walch, Chief Compiler. That he who Debates may Debate Well. Debaters' Information Bureau, 45A Free Street, Portland, Me., 1935. Paper, Price \$2.50.

BEWILDERED PATIENT, by Marion S. Newcomer, M.D., with an Introduction by Henry S. Patterson, M.D. Hale, Cushman & Flint, Boston and New York, 1936. Cloth, Price \$1.75.

THE SINGLE, THE ENGAGED AND THE MARRIED, by Maurice Chideckel, M.D. Eugenics Publishing Co., Inc., New York, 1936. Cloth,

ALLERGY OF THE NOSE AND PARANASAL SINUSES, a Monograph on the Subject of Allergy as Related to Otolaryngology, by French K. Hansel, M.D., M.S., Assistant Professor of Clinical Otolaryngology, Washington University School of Medicine; Fellow of the Association for the Study of Allergy, the Association of Resident and Ex-Resident Physicians of the Mayo Clinic, the American Laryngological, Rhinological and Otological Society, and the American Academy of Ophthalmology and Otolaryngology. With fifty-eight text illustrations and three color plates. The C. V. Mosby Company, St. Louis, 1936. Price \$10.00.